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d for use through 09/30/2000. OMB 0651-0032 Office: U.S. DEPARTMENT OF COMMERCE Patent and T

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. PC10807ACJG First Named Inventor or Application Identifier Evgenyi Y. Shalaev, et al Use of o-vanillin and o-vanillin/Trolox® Combinations

EL709320584US Express Mail Label No. Only for new nonprovisional applications under 37C.F.R. §1.53(b)) Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 6. Microfiche Computer Program (Appendix) *Fee Transmittal Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee processing) 7. Nucleotide and/or Amino Acid Sequence Submission 2. Motal Pages Specification (if applicable, all necessary) (preferred arrangement set forth below) - Descriptive title of the Invention Computer Readable Copy Cross References to Related Applications b. Paper Copy (identical to computer copy) Statement Regarding Fed sponsored R&D Reference in Microfiche Appendix Statement verifying identity of above copies C. ACCOMPANYING APPLICATION PARTS - Background of the Invention Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) 8. Brief Description of the Drawings (if filed) **Detailed Description** 9. 37 C.F.R. §3.73(b) Statement Power of Attorney Claim(s) (when there is an assignee) Abstract of the Disclosure 10. English Translation Document (if applicable) Information Disclosure Copies of IDS Drawing(s) (35 U.S.C. 11.3)[Total sheets Statement (IDS)/PTO-1449 Citations Oath or Declaration [Total pages 12. Preliminary Amendment Return Receipt Postcard (MPEP 503) Newly executed (original or copy) 13. (Should be specifically itemized) Copy from a prior application (37 CFR *Small Entity Statement filed in prior application, §1.63(d)) (for continuation/divisional with Box 17 completed) Statement(s) Status still proper and desired [Note Box 5 below] (PTO/SB/09-12) DELETION OF INVENTOR(S) Certified Copy of Priority Document(s) Signed statement attached deleting (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). Incorporation By Reference (useable if Box 4b is checked) Other: Priority Claim of U.S. Provisional Application No. 60/189,101, filed March 14, 2000. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. *NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Group/Art Unit: Examiner 18. CORRESPONDENCE ADDRESS (Insert Customer No. or Attach bar code label here) Customer Number or Bar Code Label Correspondence address below Gregg C. Benson Name Address Pfizer Inc. Address Patent Department, MS 4159, Eastern Point Road Zip Code 06340 State CT City Groton United States Of America 1-(860)-441-4901 1-(860)-441-5221 Country Telephone Registration No. (Attorney/Agent) 39,203 NAME (Print/type) Carl J. Goddard

Date 3/12/01

	Approved for use through 09/30/200 OMB 0651-0032 Pat Trademark Office: U.S. DEPARTMENT OF COMMERCO					
	Complete if Known					
FEE TRANSMITTAL	Application Number	To be assigned				
	Filing Date	Concurrently herewith				
Patent fees are subject to annual revision on October 1. These are the fees effective October 1,. 2000.	First Named Inventor	Evgenyi Y. Shalaev, et al				
Small Entity payments must be supported by a small entity statement,	Examiner Name	To be assigned				

Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.		Examine Name				To be assigned					
See 37 C.F.R. §§ 1.27 and 1.28.			Group/Art Unit				To be assigned				
Total Amount of Payment (\$)1,102.00				Attorney Docket No.				PC10807ACJG			
METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)							
1. The commissioner is hereby authorized to charge				3. ADDITIONAL FEES							
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37 Fee Required Unde	er	37 C.F.R. § 1.1.8 at the Ma		139	130	139	130	Non-English specificatio	n		
C.F.R. 99 1.1.6 and 1.	C.F.R. §§ 1.1.6 and 1.17. of the Notice of Allowance.					147	2,520	For filing a request for reexamination			
	osed:			112	920*	112	920*	Requesting publication of	of SIR prior to		
2. Payment Enclosed: Check Money Order Other				J	1,840*	113	1,840*	Examiner action Requesting publication of SIR after			
				115	110	215	65	Examiner action			
1. BASIC FILING FEE	FEE CAL	CULATION		115 116	110 390	215 216	55 195	Extension for reply within first month Extension for reply within second			
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Code (\$) Code 101 710 201	(\$) 355 Ut	tility filing fee 710.00	5]	128	1,890	228	945	Extension for reply within fifth month			
106 320 206	160 De	esign filing fee	- 7	119	310	219	155	Notice of Appeal			
107 490 207	245 PI	ant filing fee		120	310	220	155	Filing a brief in support of an appeal			
108 710 208	355 Re	eissue filing fee]	121	270	221	135	Request for oral hearing			
114 150 214	75 Pr	rovisional filing fee]	138	1,510	138	1,510	Petition to institute a put proceeding	olic use		
SUBTOTAL (1) (\$) 710.00				140	110	240	55	Petition to revive - unavoidable			
2. EXTRA CLAIM FEES				141	1,240	241	620	Petition to revive - unintentional			
İ	,	Extra Fee from Claims below Fee I	Paid	142	1,240	242	620	Utility issue fee (or reiss	ue)		
Total Claims 24 -24	0**=		2.00	143	440	243	220	Design issue fee			
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Multiple Dependent		0 =	0	122	130	122	130	Petitions to the Commiss			
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity			123	50	123	50	Petitions related to provisional applications				
Fee Fee Fee Code (\$) Code		ee Description		126	240	126	240	Submission of Information Disclosure Statement			
103 18 203		aims in excess of 20		581	40	581	40	Recording each patent assignment per			
102 80 202	40 Inc	dependent claims in excess of 3	I	146	710	246	355	property (times number of properties) Filing a submission after final rejection (37 CFR 1.129(a))			
104 270 204	135 Mu	ultiple dependent claim, if not pa	aid	149	710	249	355	For each additional invention to be			
109 80 209		Reissue independent claims over	er	Other Fee	(specify)		examined (37 CFR 1.129(b))			
110 18 210	9 **1	original patent Reissue claims in excess of 20 a over original patent	and	Other Fee (specify)							
	SUBTOTA		1_	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					0		
SUBMITTED BY								Complete (if Applicab	le)		
Type or Printed Name Carl J. Goddard							Reg. Number				
Signature Could. Goelle C				Date 3/12/0	4_			Deposit Account User ID	16-1445		